٠ <u>.</u>	Under the Pap	enwork Reduction	m Act of 180		$\sum_{i=1}^{\infty}$	20		U.S. Patenti	A Dent bne	pproved (Or use	through 7/31/7	PT 1006.	O/SB/06 (12- OM8 0651-00
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L	APPLICATION AS FILED - PART I (Column 1) (Column 2)									ΠΥ	Of	3 0	OTHER THAN	
Ŀ	FOR		NUMBER FI	.ED	NUM	BER EXTRA] [ק	SM	ALL	ENTITY
L	ASIC FEE 17 CFR 1.16(0), (b)	1, or (c))	ŅVA	·		N/A	\dashv	RATE (EE (1) 50.00	٠ ا	RATE	\$)	FEE (1)
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FE	PLICATION 51 E CFR 1.16(6))	is \$2	sheets of paper, the application is \$250 (\$125 for small entity) is additional 50 sheets or fraction			stze fee due								
_	· · · · ·	1,000	.S.C. 41(a)	(1)(G) and	<u> 37 CF</u>	nereol, See R 1:16(s).						1		•
M	AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180=											+360=		
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L	Application Size Fee (37 CFR 1.16(s))							(100 _		_ 0	R 2	(200 g		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								<u> </u>	-	-	.000		
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This colection of information is required by 87 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.